



STRIDES OF STRENGTH
THERAPEUTIC RIDING
2717 Gaston Farm Rd.
Chester, SC 29706
803-374-6255

Volunteer Information Form

Date of application: _____

Name: _____ Phone: _____ Text: Y N
Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer/School: _____ Work Phone: _____
Parent/Legal Guardian Name (if minor): _____ Phone: _____

How did you learn about Strides of Strength Therapeutic Riding? (Circle one) Word of mouth Google search Facebook
Other, Describe: _____

Email Address (we communicate via email) _____

Can you walk for 40 minutes and jog for short distances? _____
Given a chance to change sides frequently, can you hold your arm at shoulder height and support a modest weight? Y N
Are you comfortable working around horses/ponies? _____

What experience (helpful but not necessary) do you have with horses?

Health History

Recent medical tests: Date of last tetanus shot _____

Allergies: _____

Medications: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes:

Emergency Information

Emergency Contact Name: _____ Phone: _____
Contact Address: _____
Volunteer's Physician Name: _____ Phone: _____
Hospital/Town: _____

In case of emergency, I give permission to Strides of Strength Therapeutic Riding (SOS) to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature: _____ Date: _____
(Note: if younger than 18, all entries must be signed by a parent or guardian)



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Background Information
(Volunteer, not necessary for minors)

Have you ever been charged with or convicted of a crime, including sex-related or child-abuse related offenses?

Yes _____ No _____

If yes, please explain: _____

Current Driver License: # _____ State Issued: _____ or N/A _____

I hereby authorize Strides of Strength Therapeutic Riding (SOS) to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group agency, organization or corporation.

Signature: _____ Date: _____

Photo Release

I consent to and authorize the use and reproduction by Strides of Strength Therapeutic Riding of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of this program.

- I do consent
- I do NOT consent

Signature: _____ Date: _____

(Note: if younger than 18, all entries must be signed by a parent or guardian)

Volunteer Liability Release

As a volunteer at Strides of Strength Therapeutic Riding, I acknowledge the risks, and potential for risk, of equine activities. However, I feel that the possible benefits to me and the clients with which I work are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors of administrators, waive and release forever all claims for damages against Strides of Strength Therapeutic Riding, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at Strides of Strength Therapeutic Riding. I further release SOS for any actions of its Board of Directors, instructors, therapists, volunteers and/or employees occurring outside the scope of the program itself, including but not limited to transportation, care giving, horse exercising, etc. I also assume the risks and agree to release and hold harmless Gaston Farm Road Equestrian Center and Beth Gaston from any liability for injuries to me while at Gaston Farm Road Equestrian Center.

I understand that under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

BOTH date and signature MUST be completed.

Signature: _____ Date: _____

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Volunteer Pledge

As a volunteer at SOS, I agree to follow the rules and guidelines in this or any following editions of the SOS Volunteer Training. I have read or have had the Volunteer Training explained to me, and I will keep the current edition for reference. I will attend continuing education training/volunteer classes once a year (or more often if required by SOS) throughout my volunteer service. I understand that violating the rules and guidelines at SOS may result in my dismissal from the program. If my contact information changes, I will notify the volunteer coordinator as soon as possible.

I understand that the staff at SOS, including instructors and administrators, is in control of the activities that I participate in and I will follow their direction. I understand that from time to time the guidelines or rules may change and that it is the responsibility of the SOS staff to inform me of those changes in a timely manner.

Discharge Policy

Unfortunately, volunteering at a Therapeutic Riding center is not an appropriate activity for everybody and we occasionally have to decline or discontinue services to those who do not follow and respect the policies at SOS. If a volunteer does not abide by the Volunteer Training and/or Center Policy as outlined in the Training and supporting documentation, that volunteer will be excused from volunteering at Strides of Strength Therapeutic Riding. Instances may involve continual inappropriate attire, unsafe behaviors that jeopardize self and others, inappropriate language and actions, misuse of center property and horses, disrespect of riders and/or staff, betrayal of center confidential information as well as continual disregard for authority. These are only examples and not to be considered a complete list of offenses that would constitute a discharge/dismissal from SOS.

Confidentiality Policy

I acknowledge that all SOS participants & their families have a right to privacy that gives them control over the dissemination of medical and other sensitive information. I agree to keep confidential all such medical, social and personal information.

By signing below, I understand and agree to all of Strides of Strength’s policies as stated in the Volunteer Training and separate rules list.

Name: _____ (Please print legibly)

SIGNATURE: _____

Name of Minor if applicable: _____ (Please print legibly)

I declare that the information provided above is accurate to the best of my knowledge. I know of no reason I should not participate in this operating center’s program. I understand the responsibilities listed in the job description and agree to fulfill those responsibilities. I also understand that occasionally, due to unforeseen circumstance, I may be called upon to fulfill the responsibilities of other positions within the program.

Volunteers are encouraged to promote Strides of Strength Therapeutic Riding in the community. However, I understand that no volunteer may represent, commit or obligate Strides of Strength Therapeutic Riding without the express permission of the Executive Director, Program Director or other individual as designated by the Board of Directors.

Signature: _____ Date: _____

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Volunteer Availability

Note: SOS is closed on Sundays, except for volunteers who come to feed and clean the barn, which usually starts around 8:30am and 4pm.

Volunteer Name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am						
8am						
9am						
10am						
11am						
12pm						
1pm						
2pm						
3pm						
4pm						
5pm						
6pm						
7pm						
Other						

Check which activities you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> Horse Leader | <input type="checkbox"/> Landscaping / Flowers |
| <input type="checkbox"/> Side Walker | <input type="checkbox"/> Fund Raising / Event Planning |
| <input type="checkbox"/> Minis on the Move assistant | <input type="checkbox"/> Publicity / Marketing |
| <input type="checkbox"/> Stable Help / Cleaning Tack | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Office Cleaning | <input type="checkbox"/> Horse Show |
| <input type="checkbox"/> Farm maintenance / repair / building | <input type="checkbox"/> Telephone Calls |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography / video |
| <input type="checkbox"/> Volunteer Coordinator | |

Please note any special skills you want us to know about that could further our mission:
